

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Seng Wee

2. Surname (Last Name)  
Cheo

3. Date  
15-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A case of pleural thymoma presenting as bilateral pleural based mass

6. Manuscript Identifying Number (if you know it)

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Dr. Cheo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Nelson Jian Chi

2. Surname (Last Name)  
Choo

3. Date  
15-November-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Seng Wee Cheo

5. Manuscript Title  
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Dr. Choo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Qin Jian	2. Surname (Last Name) Low	3. Date 15-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Seng Wee Cheo
5. Manuscript Title A case of pleural thymoma presenting as bilateral pleural based mass		
6. Manuscript Identifying Number (if you know it)		

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Dr. Low has nothing to disclose.

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1. Given Name (First Name) Nur Aini Abu	2. Surname (Last Name) Bakar	3. Date 15-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Seng Wee Cheo
5. Manuscript Title A case of pleural thymoma presenting as bilateral pleural based mass		
6. Manuscript Identifying Number (if you know it)		

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Dr. Bakar has nothing to disclose.

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